Johnson County	Central Public Schools
One UPDATE per site (Cook, Tec Elem, HS) PLEASE FILI	LOUT COMPLETELY 2022-2023 Registration Form
Child's name:	Marital Status of Parents (circle one)
Date of Birth	Married / Not Married / Divorced / Separated / Widowed
Grade Level Gender: Male Female	Father:
Ethnicity: Hispanic NOT Hispanic	Cell Phone #
Race: American Indian Asian White	Mailing Address
Black or African American Pacific Islander	City, State, Zip
List your child's allergies:	Email:
List your child's medications:	Employer:
Child's name:	Work phone:
Date of Birth	Stepparent Name
Grade Level Gender: Male Female	Cell Phone #
Ethnicity: Hispanic NOT Hispanic	Employer:
Race: American Indian Asian White	Work Phone
Black or African American Pacific Islander	Mother:
List your child's allergies:	Cell Phone #
List your child's medications:	Mailing Address
Space for Additional children in the home on the back	City, State, Zip
Home Address:	Email:
Mailing Address:	Employer:
City/Zip:	Work phone:
Home Phone #	Stepparent Name
if applicable	Cell Phone #
	Employer:
Child's Phone ⊭ if applicable	Work Phone
* Alternate/Emergency Contacts	Other Information
PARENTS will be called first. List two adult alternate conta (<u>NOT PARENTS</u>) who can be called if parent is not availab Alternate Contacts must be local & able to pick up your student.	cts
Contact l Name	
Relationship to Student	
Cell Phone #	-1
Work Phone #	-1
Home Phone #	
Contact 2 Name	
Relationship to Student	
Cell Phone ≉	Signature of Parent or Guardian Date
Work Phone ≉	
Home Phone #	

*Emergency Contacts must be submitted yearly & when information changes

Information for	Additonal	children -	if needed
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Child's name:			
Date of Birth			
Grade Level	Gender: Male Female		
Ethnicity: Hispa	anic NOT Hispanic		
Race: American Indian Asian White			
Black or African American Pacific Islander			
List your child's allergies:			
List your child's medications:			
Child's name:			
Date of Birth			
Grade Level	Gender: Male Female		
Ethnicity: Hispanic NOT Hispanic			
Race: American Ind			
Black or Africa			
List your child's allergies			
-	your child's medications:		
Child's name:			
Date of Birth			
Grade Level	Gender: Male Female		
Ethnicity: Hispanic NOT Hispanic			
Race: American Indian Asian White Black or African American Pacific Islander			
List your child's allergies:			
List your child's medications:			
List your cline s incurcat			
Notes:			